



EISENHOWER ARMY MEDICAL CENTER OTC SELF-CARE PROGRAM

PROCEDURES FOR SELF-CARE PROGRAM USE:

- Must complete online class and pass test (>70%).
- Bring your results page to the concierge personnel. They will distribute your self care card.
- Self-care card is valid for two (2) years from the date of issue.
- **Patients may request up to five (5) items per cardholder per month (pseudoephedrine 24 tablets per month only)**
- Medications will be input into the patient's profile.
- **No OTC medications will be given for any patient under two (2) years of age, with exception of saline nasal spray and zinc oxide ointment.**
- If symptoms persist, please seek medical attention.
- Ensure you inform your provider of all OTC medications you are taking, to include vitamins and herbals.
- ****NOTE:** all medication requests are subject to current availability. We cannot substitute if unavailable.

SYMPTOM/CONDITION	PACKAGE SIZE	NOTES
<u>PAIN/FEVER</u>		
_____ Acetaminophen Suspension 160 mg/5 ml	120 ml bottle	2 years or older
_____ Acetaminophen Tablets 325 mg	Bottle of 50 tabs (2 months supply)	6 years or older
_____ Ibuprofen Suspension 100 mg/5 ml	120 ml bottle	2 years or older
_____ Ibuprofen Tablets 200mg	Bottle of 24 tabs	12 years or older
<u>COUGH/COLD/ ALLERGIES</u>		
_____ Guaifenesin Syrup 100 mg/5 ml	120 ml bottle	12 years or older
_____ Guaifenesin DM Syrup 100mg-10mg/5ml	120 ml bottle	12 years or older
_____ Pseudoephedrine 30 mg tablets	Box of 24 tabs	6 years or older
_____ Dimetapp (eq) Elixir	120 ml bottle	6 years or older
_____ Diphenhydramine 25 mg Capsules	Box of 24 caps	6 years or older
_____ Diphenhydramine 12.5 mg/5 ml Liquid	120 ml bottle	6 years or older
_____ Loratadine Tablets 10mg	Box of 24 tablets	6 years or older
_____ Loratadine Syrup 5mg/5ml	120 ml bottle	2 years or older
<u>GASTROINTESTINAL</u>		
_____ Maalox Plus suspension	150ml bottle	12 years or older
_____ Loperamide 2 mg tabs	Box of 12 caplets	12 years and older
<u>TOPICALS</u>		
_____ Bacitracin antibiotic ointment	30 gram tube	2 years or older
_____ Miconazole 2 % cream	30 gram tube	2 years or older
_____ Hydrocortisone 1% cream	30 gram tube	2 years or older
_____ Zinc Oxide 20% ointment	30 gram tube	
<u>EYE, EAR, NOSE, THROAT MEDICATIONS</u>		
_____ Artificial Tears	15 ml bottle	2 years or older
_____ Saline nasal spray	45 ml bottle	

PATIENT FULL NAME/ SPONSOR's SOCIAL: _____

AGE / WEIGHT: _____ PATIENT'S DATE OF BIRTH: _____ DATE: _____